

PERM. SEPARATE. JCN must be made in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of

Town of

or

City of Globe, Ariz.

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187

County Registrar No. 63

Local Registrar No.

No. Hackney Ave. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Constance Crochetti (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Fi To be answered ONLY in event of plural births. 4. Twin, triplet or other 3 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth 3-31-27 Month Day Year

8. FATHER Full name Anton Crochetti

9. Residence (Usual place of abode) Hackney Ave If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Italy (State or country)

13. Occupation Truck Driver Nature of industry Coal & feed.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

14. MOTHER Full maiden name Mary Giacomina

15. Residence (Usual place of abode) Hackney Ave If non-resident, give place and state.

16. Color or race W 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Ariz. (State or country) Gila Co.

19. Occupation Housewife Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a m. on the date above stated (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. J. Kennedy (Physician or midwife).

Address 3-31-27 Winton

Given name added from a supplemental report. Filed 3-31-27 19 Winton Local Registrar.

Month, day, year. Filed 3-31-27 19 Winton County Registrar.

Registrar

239-331-471